



DEPARTMENT OF ENROLLMENT – NEXT OF KIN ACKNOWLEDGEMENT NOTICE

For purposes of the Cheyenne and Arapaho Tribes Burial Program MEAL & TRANSPORTATION ASSISTANCE only,

l,		, DOB:	, hereby	name the followi
	individual(s) -	- currently of legal ag	e (18+), as my NEXT OF K	IN.
1.			Phone Number	
	PRINTED NAME			
2		-	Phone Number	
	PRINTED NAME			
Signature				
Signature	Date			
This box for NOT	ARY use only – if an I. D. is D. CARD Roll # 2801A	not indicated, the individua	l is regarded as being personally k	nown by NOTARY
□ State D	river's License	No	Exp	The second of the second of the second
□ State Is:	sued I.D. Card	No	Exp	
□ Military	I.D. Card Branch	No	Exp	
state of				
County of				
ubscribed and sw	vorn to before me this	day of	, 20	_
otary Public			NOTA	DV
			SEA	
		FOR OFFICE USE ON	.Y	
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PDATED BY:			DATE RECEIVED:	

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